

**Department of Mental Health, Mental Retardation and Substance Abuse Services
Office of Mental Retardation**

OBRA-87 INITIATIVE FUNDING for FY-2002

OBRA-87 INITIATIVE FY-2002 FUNDING REQUEST

Date: _____ CSB\BHA: _____

Mental Retardation/Community Support Director: _____

- I.
 - a. List the names of consumers for whom OBRA-87 Initiative funding was received in FY-2001 and continued funding is requested in FY-2002.
 - b. Attach an updated **CONSUMER STATUS REPORT** for **each** consumer.

Do NOT include residents who receive Specialized Services with funds provided to the CSB by a State facility (e.g., CVTC, SVTC, etc.) or another source.

Do NOT include residents who, following Pre-admission Screening to enter a nursing facility, receive Specialized Services (or who continue previously received community services) with funds provided by the CSB.

- II.
 - a. List the names of consumers for whom OBRA-87 Initiative funding was received in FY-2001 but for whom continued funding is not requested in FY-2002.
 - b. Attach an up-dated **CONSUMER STATUS REPORT** for **each** consumer, to document why Specialized Services are not needed and funding is not requested.

- III.
 - a. List names of new consumers who do not currently receive OBRA-87 funding, but CSB\BHA will be requesting funding to begin in FY-2002.
 - b. Attach a **CONSUMER STATUS REPORT** for each new consumer.

